

IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

CA03-390E

RICHARD P., by and for **R.P.**, and DENISE L., by and for **K.L.**,

Plaintiffs

v.

**SCHOOL DISTRICT OF THE CITY OF ERIE, PENNSYLVANIA;**  
**JANET WOODS**, Individually and in her Capacity as Principal of Strong Vincent High School;  
and **LINDA L. CAPPABIANCA**, Individually and in her Capacity as Assistant Principal of  
Strong Vincent High School,

Defendants

Civil Action No. 03-390 Erie

**APPENDIX TO DEFENDANTS' AMENDED MOTION FOR PARTIAL SUMMARY  
JUDGMENT**

**VOLUME 2**

James T. Marnen  
PA I.D. No. 15858  
KNOX McLAUGHLIN GORNALL &  
SENNETT, P.C.  
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Erie, PA 16501  
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Fax: 814-453-4530  
E-mail: [jmarnen@kmgslaw.com](mailto:jmarnen@kmgslaw.com)

Pennsylvania;

Attorney for Defendants,  
The School District of the City of Erie,  
Pennsylvania, Janet M. Woods and Linda L.  
Cappabianca

A000000397

FORM - 15363 IN SCHOOL SUSPENSION FOR (01) FIGHTING/THREATS  
SUSPENSION: SCH-502 STRONG VINCENT H.S. GR-07 HR-0209  
DAYS: 12/04,05,06

FORM - 15821 IN SCHOOL SUSPENSION FOR (17) EXCESSIVE TARDINESS  
SUSPENSION: SCH-502 STRONG VINCENT H.S. GR-07 HR-0209  
DAYS: 12/11,12,13,14,15

FORM - 17071 IN SCHOOL SUSPENSION FOR (17) EXCESSIVE TARDINESS  
SUSPENSION: SCH-502 STRONG VINCENT H.S. GR-07 HR-0209  
DAYS: 01/12,16,17,18,23

FORM - 17707 SATURDAY SUSPENSION FOR (23) DISORDERLY CONDUCT  
SUSPENSION: SCH-502 STRONG VINCENT H.S. GR-07 HR-0209  
DAYS: 02/03

FORM - 17743 SATURDAY SUSPENSION FOR (06) PROFANITY  
SUSPENSION: SCH-502 STRONG VINCENT H.S. GR-07 HR-0209  
DAYS: 02/10

FORM - 18465 IN SCHOOL SUSPENSION FOR (06) PROFANITY  
SUSPENSION: SCH-502 STRONG VINCENT H.S. GR-07 HR-0209  
DAYS: 02/07,08,12,13,14

FORM - 18517 SATURDAY SUSPENSION FOR (23) DISORDERLY CONDUCT  
SUSPENSION: SCH-502 STRONG VINCENT H.S. GR-07 HR-0209  
DAYS: 02/24

FORM - 19309 SATURDAY SUSPENSION FOR (28) DRESS CODE  
SUSPENSION: SCH-502 STRONG VINCENT H.S. GR-07 HR-0209  
DAYS: 03/10

FORM - 23021 IN SCHOOL SUSPENSION FOR (03) DISORDERLY CONDUCT  
SUSPENSION: SCH-502 STRONG VINCENT H.S. GR-07 HR-0209  
DAYS: 05/14,15,16

. 2001-02 SCHOOL YEAR . . . . .

FORM - 23300 IN SCHOOL SUSPENSION FOR (32) SKIP SATURDY DETENTN  
SUSPENSION: SCH-502 STRONG VINCENT H.S. GR-08 HR-0209  
DAYS: 09/10,13,14

FORM - 23943 IN SCHOOL SUSPENSION FOR (06) PROFANITY  
SUSPENSION: SCH-502 STRONG VINCENT H.S. GR-08 HR-0209  
DAYS: 09/20,24,25,26,27,28  
10/02,08,10

FORM - 25076 IN SCHOOL SUSPENSION FOR (06) PROFANITY  
SUSPENSION: SCH-502 STRONG VINCENT H.S. GR-08 HR-0209  
DAYS: 10/16,17,18,22,23

ERIE

PA 16506

A000000399

CURRENT: SCH-309  
PHONE: 461-1851  
PARENT: CHARLES  
COUNSELOR:

GR-09 HR-09  
DOB- /87

1994-95 SCHOOL YEAR

FORM - 40889 OUT OF SCHOOL SUSPENSION FOR (08) STEALING

SUSPENSION: SCH-363 JEFFERSON

GR-02 HR-0114

DAYS: 03/15,16

FORM - 42315 OUT OF SCHOOL SUSPENSION FOR (07) PHYSICAL ASSAULT

SUSPENSION: SCH-363 JEFFERSON

GR-02 HR-0114

DAYS: 03/29,30,31

FORM - 42499 OUT OF SCHOOL SUSPENSION FOR (10) INSUBORDINATION

SUSPENSION: SCH-363 JEFFERSON

GR-02 HR-0114

DAYS: 05/16,17,18

1995-96 SCHOOL YEAR

FORM - 50193 OUT OF SCHOOL SUSPENSION FOR (10) INSUBORDINATION

SUSPENSION: SCH-363 JEFFERSON

GR-02 HR-0111

DAYS: 05/09,10,13

1996-97 SCHOOL YEAR

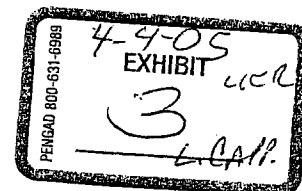
FORM - 60440 OUT OF SCHOOL SUSPENSION FOR (10) INSUBORDINATION

SUSPENSION: SCH-361 HARDING

GR-03 HR-0214

DAYS: 05/19,20,21

E 000000034



997-98 SCHOOL YEAR . . . . .

1 - 62768 OUT OF SCHOOL SUSPENSION FOR (01) FIGHTING/THREATS  
A000000400

SUSPENSION: SCH-361 HARDING

GR-04 HR-0208

DAYS: 10/09

1 - 62771 OUT OF SCHOOL SUSPENSION FOR (07) PHYSICAL ASSAULT

SUSPENSION: SCH-361 HARDING

GR-04 HR-0208

DAYS: 10/15,16,17

4 - 69859 OUT OF SCHOOL SUSPENSION FOR (23) DISORDERLY CONDUCT

SUSPENSION: SCH-361 HARDING

GR-04 HR-0208

DAYS: 04/16,17,20

1998-99 SCHOOL YEAR . . . . .

4 - 00144 OUT OF SCHOOL SUSPENSION FOR (10) INSUBORDINATION

SUSPENSION: SCH-361 HARDING

GR-05 HR-0204

DAYS: 05/20

4 - 00400 OUT OF SCHOOL SUSPENSION FOR (01) FIGHTING/THREATS

SUSPENSION: SCH-361 HARDING

GR-05 HR-0204

DAYS: 05/24

1 - 73260 OUT OF SCHOOL SUSPENSION FOR (01) FIGHTING/THREATS

SUSPENSION: SCH-361 HARDING

GR-05 HR-0204

DAYS: 09/28

1 - 80126 OUT OF SCHOOL SUSPENSION FOR (10) INSUBORDINATION

SUSPENSION: SCH-361 HARDING

GR-05 HR-0204

DAYS: 01/13

FORM - 92587 OUT OF SCHOOL SUSPENSION FOR (10) INSUBORDINATION  
A000000401

SUSPENSION: SCH-361 HARDING

GR-05

HR-0204

DAYS: 03/19,22

FORM - 99222 OUT OF SCHOOL SUSPENSION FOR (01) FIGHTING/THREATS

SUSPENSION: SCH-361 HARDING

GR-05

HR-0204

DAYS: 05/04

FORM - 99717 OUT OF SCHOOL SUSPENSION FOR (26) SEXUAL HARASSMENT

SUSPENSION: SCH-361 HARDING

GR-05

HR-0204

DAYS: 05/13,14

. 1999-00 SCHOOL YEAR . . . . .

FORM - 04677 OUT OF SCHOOL SUSPENSION FOR (10) INSUBORDINATION

SUSPENSION: SCH-361 HARDING

GR-06

HR-0301

DAYS: 12/14,15,16

FORM - 05312

SATURDAY SUSPENSION FOR (38) LEAVING ASSIGND AREA

SUSPENSION: SCH-361 HARDING

GR-06

HR-0301

DAYS: 01/08

FORM - 05496

IN SCHOOL SUSPENSION FOR (05) SKIPPING DETENTION

SUSPENSION: SCH-361 HARDING

GR-06

HR-0301

DAYS: 01/10,11,12

FORM - 06873

IN SCHOOL SUSPENSION FOR (38) LEAVING ASSIGND AREA

SUSPENSION: SCH-361 HARDING

GR-06

HR-0301

DAYS: 02/15,16,17

FORM - 07776

A000000402  
SATURDAY SUSPENSION FOR (10) INSUBORDINATION

SUSPENSION: SCH-361 HARDING

GR-06

HR-0301

DAYS: 03/18

FORM - 08857

IN SCHOOL SUSPENSION FOR (32) SKIP SATURDY DETENTN

SUSPENSION: SCH-361 HARDING

GR-06

HR-0301

DAYS: 03/27,28,29

FORM - 09903

OUT OF SCHOOL SUSPENSION FOR (10) INSUBORDINATION

SUSPENSION: SCH-361 HARDING

GR-06

HR-0301

DAYS: 04/13,14

FORM - 11562

OUT OF SCHOOL SUSPENSION FOR (01) FIGHTING/THREATS

SUSPENSION: SCH-361 HARDING

GR-06

HR-0301

DAYS: 05/31  
06/01

. 2000-01 SCHOOL YEAR . . . . .

ORM - 13350

SATURDAY SUSPENSION FOR (44) TERRORIST THREAT/ACT

SUSPENSION: SCH-361 HARDING

GR-07

HR-0211

DAYS: 10/07

ORM - 13353

OUT OF SCHOOL SUSPENSION FOR (10) INSUBORDINATION

SUSPENSION: SCH-361 HARDING

GR-07

HR-0211

DAYS: 10/06

RM - 14034

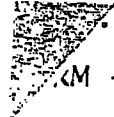
OUT OF SCHOOL SUSPENSION FOR (01) FIGHTING/THREATS

SUSPENSION: SCH-361 HARDING

GR-07

HR-0211

DAYS: 10/26,27,30



FORM - 15689 OUT OF SCHOOL SUSPENSION FOR (10) INSUBORDINATION

SUSPENSION: SCH-361 HARDING

GR-07

HR-0211

DAYS: 12/11,12

FORM - 17030 OUT OF SCHOOL SUSPENSION FOR (20) TRESPASSING

SUSPENSION: SCH-361 HARDING

GR-07

HR-0211

DAYS: 01/18,22,23,24,25,26,29,30,31

2001-02 SCHOOL YEAR . . . . .

FORM - 23280 SATURDAY SUSPENSION FOR (23) DISORDERLY CONDUCT

SUSPENSION: SCH-502 STRONG VINCENT H.S.

GR-08

HR-0226

DAYS: 09/22

FORM - 26662 IN SCHOOL SUSPENSION FOR (10) INSUBORDINATION

SUSPENSION: SCH-502 STRONG VINCENT H.S.

GR-08

HR-0226

DAYS: 10/09,10,31  
11/05,15,16,19,20,21,27



ID NUMBER, YEAR OR <ALL> [, FORM NUMBER]  
IIIIII, YYYY [, FFFFFF] A000000404  
899489,0001

899489 B [REDACTED] DR  
ERIE [REDACTED] PA 16506

CURRENT: SCH-309 GR-09 HR-09  
PHONE: 461-1851 DOB- [REDACTED]/87  
PARENT: CHARLES  
COUNSELOR:

. . -SCHOOL YEAR . . . . .

FORM - 13350 SATURDAY SUSPENSION FOR (44) TERRORIST THREAT/ACT  
SUSPENSION: SCH-361 HARDING GR-07 HR-0211  
DAYS: 10/07

FORM - 13353 OUT OF SCHOOL SUSPENSION FOR (10) INSUBORDINATION  
SUSPENSION: SCH-361 HARDING GR-07 HR-0211  
DAYS: 10/06

FORM - 14034 OUT OF SCHOOL SUSPENSION FOR (01) FIGHTING/THREATS  
SUSPENSION: SCH-361 HARDING GR-07 HR-0211  
DAYS: 10/26,27,30

FORM - 15689 OUT OF SCHOOL SUSPENSION FOR (10) INSUBORDINATION  
SUSPENSION: SCH-361 HARDING GR-07 HR-0211  
DAYS: 12/11,12

FORM - 17030 OUT OF SCHOOL SUSPENSION FOR (20) TRESPASSING  
SUSPENSION: SCH-361 HARDING GR-07 HR-0211  
DAYS: 01/18,22,23,24,25,26,29,30,31

899489 B

ERIE

PA 16506

DR

A000000405

CURRENT:

SCH-309

GR-09

HR-09

PHONE:

461-1851

DOB-

87

PARENT:

CHARLES

COUNSELOR:

-SCHOOL YEAR . . . . .

FORM - 23280

SATURDAY SUSPENSION FOR (23) DISORDERLY CONDUCT

SUSPENSION: SCH-502 STRONG VINCENT H.S.

GR-08

HR-0226

DAYS: 09/22

FORM - 26662

IN SCHOOL SUSPENSION FOR (10) INSUBORDINATION

SUSPENSION: SCH-502 STRONG VINCENT H.S.

GR-08

HR-0226

DAYS: 10/09,10,31

11/05,15,16,19,20,21,27

E 000000040

TIM PEARSON

PRESIDENT

SAMUEL L. VONA

VICE-PRESIDENT

JOHN C. HARKINS

JIM HERDZIK

RICHARD R. HILINSKI

ANCY R. NIELSEN

MARY FRANCES SCHENLEY

RICHARD T. SZYCHOWSKI

EVA TUCKER, JR.

## THE SCHOOL DISTRICT OF THE CITY OF ERIE, PA.

148 WEST 21<sup>st</sup> STREET • A000000406

ERIE, PENNSYLVANIA 16502

PHONE: 814/874-6000

FAX: 814/874-6132

DR. JAMES E. BARKER  
SUPERINTENDENT OF SCHOOLSLOIS OWENS  
SECRETARYDate: March 3, 2003TO: Hermitage House Youth ServicesP. O. box 748Edinboro, PA 16412ATTN: Pamela Marsh, Education Dir.RE: C [REDACTED] B.DOB: [REDACTED]-87

Information was requested from the Child Study Department on the above named student. You will find the following enclosed:

( ) THIS DEPARTMENT HAS NO PSYCHOLOGICAL DATA ON FILE

( ) Psychiatric evaluation(s) - \_\_\_\_\_

(X) Most recent CER and/or Psychological Study- 2-7-01

( ) Most recent Two Year Re-evaluation - \_\_\_\_\_

(X) IEP - 11-13-01

( ) OTHER INFORMATION - \_\_\_\_\_

\*\* FURTHER INFORMATION CAN BE OBTAINED BY CONTACTING THE FOLLOWING:

Mid/creek Sch. Dist. 10-24-02W/D 1-22-02 to First  
Assembly of God

This information is for professional use only and is not to be released to any other person or organization.  
If I can be of any further assistance, please contact me at (814) 874-6102. FAX # (814) 874-6119

Sincerely,

Rebecca Ashley  
Child Study Department

An Equal Opportunity Employer

Please: C

FAX NO. 8148355519

P. 2

A000000407



# MILLCREEK TOWNSHIP SCHOOL DISTRICT

3740 WEST 26TH STREET • ERIE PA 16506  
(814) 835-5334



## AUTHORIZATION FOR EXCHANGE AND RELEASE OF INFORMATION PERTAINING TO STUDENT INFORMATION

PROVIDER:

First Assembly of God

SCHOOL:

McDowell Senior High School  
3580 West 38th Street  
Erie, Pennsylvania 16506

ATTENTION:

First Assembly Christian Academy

ATTENTION:

Student Records

Student Name

Charles

Jr.

Birthdate

10/23/87

Student Grade

8th

Student's Present School

Parent Name

Mr. / Mrs. Charles / Victoria

Address

[Redacted Address]

Telephone: Home

868-8429

Work

455-8298

Reason for request of information

For Registration

### REQUESTED INFORMATION:

YES

NO

Permanent Record Information

☐☐

Health Record Information

☐☐

Psychological Reports

☐☐

Medical Information

☐☐

Psychiatric Information

☐☐

Telephone Contact

☐☐

Other Request:

School Transcript

PERMISSION is hereby given to release and exchange information for said student.

Mr. / Mrs. Charles / Victoria B.

Signature of Parent/Guardian

10/23/02

Date

Charles B.

Signature of Student, age 14 or over

Date

white: provider

yellow: permanent record

pink: office

F 000001757

School District of the City of Erie, PA  
 Department of Public Personnel Services  
 Office of Child Study

# COMPREHENSIVE EVALUATION REPORT (CER)

(814)874-6100

School Age

☐ Initial Referral  
☒ Reevaluation

Student ID#: 899489  
 Soc. Sec. #:

STUDENT NAME: C [REDACTED] B

STUDENT BIRTH DATE: [REDACTED] 87

SCHOOL DISTRICT: City of Erie, PA

HOME SCHOOL DISTRICT:

CURRENT EDUCATIONAL PROGRAM: LS

OTHER DEMOGRAPHIC DATA, AS NEEDED:

PARENT NAME: Mr. &amp; Mrs. C [REDACTED] B:

PARENT ADDRESS: [REDACTED]  
 Erie, PA 16505

DATE OF REPORT: 2/7/01

DATE OF TEST:

AGE: 13-8

GRADE: 7

SCHOOL: Harding

COUNTY OF RESIDENCE: Erie

ANTICIPATED YEAR OF GRADUATION: 2006

PARENT PERMISSION: 2/7/01

TELEPHONE: 461-1851

TEACHER NAME:

## REASON (S) FOR REFERRAL:

C [REDACTED] was referred for an MDE after stealing money from school on 1/16/01. In addition to the incident on 1/16, C [REDACTED] has exhibited chronic disruptive behaviors, including fighting and insubordination, throughout the 2000-01 school year.

## ASSESSMENT INFORMATION:

### EDUCATIONAL, SOCIAL, AND PHYSICAL HISTORY:

#### Educational History:

C [REDACTED] is currently a 7<sup>th</sup> grade student at Harding receiving learning support services. He has a lengthy history of academic and behavioral difficulties that emerged early in his school career. As a pre-school student, C [REDACTED] was evaluated in February 1991 at the North West Tri-County Intermediate Unit to determine if he was eligible for speech and language services. He was found to be not exceptional and thus continued with regular schooling. However, in November 1993, as a first grade student at Jefferson Elementary, C [REDACTED] was referred for a MDE due to his failure to progress academically, as well as inattentive and disruptive behavior. The MDT concluded that C [REDACTED] was eligible for special education services in the category of mild mental retardation. At the conclusion of the 1993-94 school year, C [REDACTED] was retained and thus repeated first grade. In May 1996, as a second grade student, C [REDACTED] was evaluated in the psychiatric clinic due to disruptive, inattentive, aggressive and inappropriate sexual behaviors. Based upon his assessment, the psychiatrist diagnosed C [REDACTED] with ADHD. C [REDACTED] remained at Jefferson until March 1997, at which time he transferred to Harding. He has remained at Harding since that time.

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12/97 - FDE/BSE - 4 FORMAT A - COMPREHENSIVE EVALUATION REPORT - Rev. 8/00

E 000001775

School District of the City of Erie, PA  
 Department of Pupil Personnel Services  
 Office of Child Study

# **COMPREHENSIVE EVALUATION REPORT (CER)**

(814)874-6100

School Age

PAGE 2 OF 7

Name: C [REDACTED] B:

Date of Test:

Despite the special education services, C [REDACTED] has continued to experience difficulty both academically and behaviorally. In reviewing C [REDACTED] academic record he has received C's and D's in all of his core subjects since third grade. On his second quarter report card for the 2000-01 school year, he earned a B in Physical Education, C's in English and Math and D's in Reading, Social Studies, Science, Art and Music. Records from Harding indicate that C [REDACTED] has an extensive discipline record with the following major behavioral infractions in recent years:

- 1998-99 school year - 7 out of school suspensions: 3 times for fighting, 3 times for insubordination and one time for sexual harassment
- 1999-2000 school year - Saturday detention three times, PASS three times and out of school suspension three times: twice for insubordination and once for fighting.
- 2000-01 school year - Saturday detention for threatening another student and out of school suspension four times: twice for insubordination, once for fighting and once for trespassing and stealing.

## **Social History:**

C [REDACTED] is a thirteen-year old African American male currently residing with his natural parents, C [REDACTED] and Victoria [REDACTED], as well as three younger siblings. No significant behavior problems are reported in the home and Charles' relationship with his parents is characterized as excellent.

As reported above, C [REDACTED] has difficulty interacting appropriately with his peers at times, as indicated by the significant number of fights he has been involved with at school. In addition, he has a great deal of difficulty interacting appropriately with authority figures, especially in the school setting. At school, C [REDACTED] is often hyperactive, inattentive, insubordinate and threatens other students. Although he carries a diagnosis of ADHD, he is not medicated, nor does he receive any community services, with the exception of involvement at the YMCA.

## **Medical History:**

A prenatal history completed by Mr. & Mrs. B [REDACTED] indicated that C [REDACTED] was the result of a full-term, uncomplicated pregnancy. However, C [REDACTED] was hospitalized at birth for bronchial pneumonia and was diagnosed with asthma at that time. He continues to take an albuteral inhaler to address his asthma. C [REDACTED] attained developmental milestones according to established benchmarks. C [REDACTED] medical history is significant for asthma, as well as for a report in a previous CER, from 11/93, which indicated that C [REDACTED] was evaluated by an audiologist in 9/89. The report stated that C [REDACTED] hearing was within normal limits in his "better ear", although there was no indication as to what the audiologist meant by that statement. Additional information regarding the reason for this screening or any subsequent treatment was not available. A report from the school nurse indicate normal vision and hearing screenings. The nurse did note in her report that C [REDACTED] asthma is not under control and that he frequently requires his inhaler with asthma triggers including sports activity, humid weather and upper respiratory infections.

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12/97 - PDE/BSE - 4 FORMAT A - COMPREHENSIVE EVALUATION REPORT - Rev. 8/00

E 000001776



School District of the City of Erie, PA  
 Department of Personnel Services  
 Office of Child Study

# COMPREHENSIVE EVALUATION REPORT (CER)

(814)874-6100

School Age

PAGE 3 OF 7

Name: C. E.

Date of Test:

**INFORMATION FROM THE PARENTS OR PERSONS WITH WHOM THE STUDENT LIVES:**  
 A parent questionnaire completed by Mr. E. indicates that C. has a good relationship with his family. He describes him as likeable, with a good sense of humor and a high self-esteem. Despite his many strengths, he did recognize that C. can be hyperactive and often has behavior problems at school.

**INFORMATION FROM OBSERVATIONS IN THE CLASSROOM AND OTHER SETTINGS:**  
 C. was observed by Mrs. Gannon, the school counselor, during his learning support reading class. Throughout the observation, C. was extremely inattentive and disruptive. It was noted that he was constantly moving and unable to complete his task. He disrupted his peers by instigating them, laughing at them, taking their papers and threatening them. He did not respond to teacher redirection and even left the classroom, stating "Forget you" when he was reprimanded. The observer concluded that C. has little or no control over his impulses, which hinders his academic progress.

**INSTRUCTIONAL EVALUATION RESULTS (INCLUDING INSTRUCTIONAL LEVEL, RATES OF ACQUISITION AND RETENTION, PROGRESS IN THE GENERAL CURRICULUM):**  
 C.'s learning support teacher reports that he is at a 4<sup>th</sup> grade instructional level in Reading and a 3<sup>rd</sup> grade instructional level in Math. Furthermore, his rates of acquisition and rates of retention are below those of students the same age and grade. As a result of his chronic disruptive behavior, C. struggles to progress in the general curriculum.

## ECOLOGICAL EVALUATION RESULTS (IF APPROPRIATE):

Results from the Vineland Adaptive Behavior Scale are as follows:

Area of Functioning	Standard Score
Communication Domain	70
Daily Living Skills	74
Socialization	68
Adaptive Behavior Scale	68

## VOCATIONAL TECHNICAL EDUCATION ASSESSMENT RESULTS (FOR TRANSITION PLANNING):

N/A

## INTERESTS, PREFERENCES, APTITUDES (FOR TRANSITION PLANNING):

N/A

## FUNCTIONAL BEHAVIORAL ASSESSMENT RESULTS (IF APPROPRIATE):

N/A

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E 000001777

School District of Erie, PA  
 Department of Pupil Personnel Services  
 Office of Child Study

**COMPREHENSIVE EVALUATION REPORT (CER)**  
**PAGE 4 OF 7**

(814)874-6100

School Age

Name: C B.

Date of Test:

**SUMMARY OF FINDINGS/INTERPRETATION OF ASSESSMENT RESULTS:**

(Student's Current Performance including cognitive, developmental, and physical functioning)  
 The Erie School District uses tests and evaluations that are individually selected to assess specific areas of educational need and ability. The Wechsler Intelligence Scale for Children - Third Edition (WISC-III) was administered to C in 11/93. His results fell within the borderline range of intellectual functioning with the following standard scores: Verbal IQ: 73, Performance IQ: 79 and Full Scale IQ: 79. Based upon C ability test scores placing him in the borderline range, as well as his commensurate scores on the adaptive behavior scale, he continues to be eligible for special education services in the category of mild mental retardation. As a result, it is difficult for him to perform grade level assignments and adaptations are necessary.

Additional testing included the administration of the California Achievement Test (CAT-5) in October 2000. The results are as follows: Total Reading Grade Equivalent: 2.7, Total Language Grade Equivalent: 1.1, Total Math Grade Equivalent: 2.7 and Total Battery Grade Equivalent: 2.1.

The Attention Deficit Disorder Evaluation Scale School Rating Form was completed by C current learning support teacher, as well as his social studies teacher. In completing the form, the teacher is asked to rate a student on a scale of 0-4 on 60 different behaviors. The ratings are then compiled to determine two subscale standard scores - Inattentive and Hyperactive-Impulsive, as well as a Total Scale Percentile Rating. Standard scores range from 0-20 with scores ranging from 7-13 classified as average behavior for the age and gender indicated. Children with scores below 7 are considered to exhibit behaviors representative of ADHD, while scores below 4 represent areas of significant concern. Charles' scores are as follows:

**Teacher Rating Form 1:**

Subscales	Standard Score
Inattentive	6
Hyperactive-Impulsive	3
Total Scale Percentile - 6%	

**Teaching Rating Form 2:**

Subscale	Standard Score
Inattentive	4
Hyperactive-Impulsive	2
Total Scale Percentile - 2%	

From the above scores, it becomes evident that C exhibits behaviors symptomatic of ADHD, with his hyperactive and impulsive behaviors of significant concern. The results of the scale should be taken into consideration when addressing C needs in the classroom setting.

**STRENGTHS:**

C has been described as "likeable", with a high self-esteem and a good sense of humor. C is a good athlete, who has many friends and enjoys being a leader. He has a supportive family that is an active part of his education.

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12/97 - PDE/BSE - 4 FORMAT A - COMPREHENSIVE EVALUATION REPORT - Rev. 8/00

E 000001778



School District of the City of Erie, PA  
 Department of Public Personnel Services  
 Office of Child Study

# COMPREHENSIVE EVALUATION REPORT (CER) PAGE 5 OF 7

(814)874-6100  
 School Age

Name: C [REDACTED] B

Date of Test:

## NEEDS:

C [REDACTED] requires a highly structured environment with clear expectations. He needs to exhibit self-control and requires instruction on strategies for controlling his impulsive behavior. C [REDACTED] should comply with authority figures and follow the school rules. He needs to develop age-appropriate social skills that will enable him to interact with his peers without the use of threats.

## CONCLUSIONS AND RECOMMENDATIONS TO THE IEP TEAM:

(Including recommendations regarding eligibility, specially designed instruction, current program, change in programs, and other issues based on the student's individual needs.)  
 Recommendation regarding Exceptionality:

Criteria:

a. Eligible: Yes

Primary Disability: Mild Mental Retardation

Secondary Disability:

b. In need of Special Education: ☒ Yes

☐ No (Check one)

☒ Exceptional (Student must be both eligible and in need of special education.)

☐ Non-Exceptional (Student is not eligible and/or not in need of special education>)

## Specially Designed Instruction:

C [REDACTED] is in need of specially designed instruction to address his academic and behavioral difficulties with the following programming needs:

- Small group or one on one instruction
- Positive reinforcement
- Cue off task behavior
- Time outs when necessary.
- Seating near the teacher.
- Tactile activities.
- Large tasks broken into more manageable units.
- External reinforcement

## Current Program/Change in Program:

The incident on 1/16/01, as well as C [REDACTED] history of chronic disruptive behaviors have been reviewed by the multidisciplinary team and it has been determined that C [REDACTED] behavior was not a manifestation of his mental retardation. In reviewing C [REDACTED] records, the team believes that his present academic and behavioral needs can best be met in a program providing a higher degree of structure than his current placement.

CONFIDENTIAL: FOR PROFESSIONAL USE ONLY

12/97 - PDE/BSE - 4 FORMAT A - COMPREHENSIVE EVALUATION REPORT - Rev. 8/00

E 000001779

School District of Erie, PA  
Department of Pupil Personnel Services  
Office of Child Study

**COMPREHENSIVE EVALUATION REPORT (CER)**  
**PAGE 6 OF 7**

(814)874-6100  
School Age

Name: C [REDACTED] B:

Date of Test:

**DEGREE OF NEED:**

(Extent to which the student requires specially designed instruction and related services in order to make meaningful progress.)  
C [REDACTED] continues to require the specially designed instruction of the learning support program to address his behavioral and academic needs.

**FOR REEVALUATION:**

**RECOMMENDATION REGARDING CONTINUED NEED FOR SPECIAL EDUCATION:**

(The student must still meet the two-pronged criteria for eligibility: (1) have one of the eleven disabilities defined in Chapter 14 and/or mental giftedness; and, (2) need specially designed instruction.)

**REVIEW OF THE STUDENT'S IEP**

**Student's progress toward the annual goals and in the general curriculum:**

The incident on 1/16/01, as well as C [REDACTED] disruptive behavior and academic difficulties indicate that he is not progressing toward his annual goals.

**Instructional activities which have been successful:**

C [REDACTED] has been successful when he is involved in hands-on learning activities, as well as when he is involved in one-on-one instruction in which he earns external reinforcement for successful completion of assignments.

**Recommendations for revisions of the IEP:**

The team may want to include a detailed behavior modification plan that encourages C [REDACTED] to utilize effective strategies in controlling his impulsive and off-task behavior.

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12/97 - PDE/BSE - 4 FORMAT A - COMPREHENSIVE EVALUATION REPORT - Rev. 8/00

E 000001780

School District of the City of Erie, PA  
 Department of Personnel Services  
 Office of Child Study

(814)874-6100

**COMPREHENSIVE EVALUATION REPORT (CER)**  
**PAGE 7 OF 7**

Name: C [redacted] B:

School Age

Date of Test:

**COMPREHENSIVE EVALUATION REPORT SIGNATURES**

DIRECTIONS TO THE TEAM MEMBERS: Check YES if you agree with this report, check NO if you do not agree. If you do not agree, please write the reason for the disagreement, and it will be attached to the report.

YES	NO	SIGNATURE	TITLE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Michele Sambichino</u>	<u>Chairperson/School Psychologist</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>[Signature]</u>	<u>Asst. Principal / LEA</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Alexander Gannon</u>	<u>COUNSELOR</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Chris Callaghan</u>	<u>Teacher</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Sherry Ryan</u>	<u>LD Teacher</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Chris Bibbs</u>	<u>Parent</u>
<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>
<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>
<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>
<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>
<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>

Signed Copies to:  
 Parent  
 Teacher  
 Building Principal  
 Others:

CONFIDENTIAL: FOR PROFESSIONAL USE ONLY

A000000415

THE SCHOOL DISTRICT OF THE CITY OF ERIE, PA  
148 WEST 21<sup>ST</sup> STREET • 16502  
DEPARTMENT OF SPECIAL EDUCATION

## STUDENT ASSIGNMENT INFORMATION

### SECOND NOTICE – PLACEMENT CHANGE

DATE: FEBRUARY 21, 2002

STUDENT NAME: B , C

ID#: 899489 DOB: 5/31/87

ADDRESS: 1725 West 14 St.

ZIP: 16505

PARENT OR GUARDIAN:

PRESENT ASSIGNMENT: Strong Vincent - RRLS

GRADE: 8 \*

NEW ASSIGNMENT: Strong Vincent • 1330 West 8th St.

PRINCIPAL: Ms. Woods

PROGRAM: Learning Support Part Time (54.4%)

TEACHER: Ms. Manus  
(1102)

EFFECTIVE DATE: NOVEMBER 14, 2001

AUTHORIZED BY: MRS. MOORE

\* NOTE: The actual grade placement is determined by each school based on passing grades or credits earned.

### BUS INFORMATION:

Student does not require transportation.

For further information concerning the bus call 874-6900, Mr. Emch. For EMTA routes call 452-3515.

### LUNCH INFORMATION

Strong Vincent has a hot lunch program.

For further information concerning the new school call 874-6500.

SPECIAL INFORMATION: ORIGINAL – PARENT

COURTESY COPIES TO:

- ☐ Special Education Office
- ☐ Receiving School
- ☐ Sending School
- ☒ Student File
- ☐ Teacher
- ☐ Child Study Department
- ☐ Attendance
- ☐ Transportation
- ☐ Speech Therapist

# Teacher/Staff Referral Form

Room No: 123

D. Other ☐

Letter: \_\_\_\_\_

ED 000001883

**ADMINISTRATIVE/FORMAL DETENTION**

461-183

Student Charlie Date 8/29/01  
 Date of Detention Assignment 8/31/01 GR E HR 226  
 Time of Detention 3:15 - 3:45  
 Administrator Mr. [Signature]

Called at 9:55 morning

Reason for Detention Assignment:

- |   |  |
|---|--|
| <input type="checkbox"/> Tardiness to School            | <input type="checkbox"/> Leaving Assigned Area                 |
| <input type="checkbox"/> Failure to Report to Detention | <input type="checkbox"/> Electronic Devices                    |
| <input type="checkbox"/> Dress Code Violation           | <input type="checkbox"/> Harassment                            |
| <input type="checkbox"/> Profanity                      | <input type="checkbox"/> School Safety Violation               |
| <input type="checkbox"/> Insubordination                | <input type="checkbox"/> Walking To and From School            |
| <input type="checkbox"/> Loitering                      | <input type="checkbox"/> Gambling                              |
|   | <input checked="" type="checkbox"/> Other <u>Investigating</u> |

Comments: \_\_\_\_\_

The above student has been assigned Administrative/Formal Detention, which will be held after school hours for the time indicated above. The policy is to provide 24 hour notice of the detention assignment. The parent/guardian acknowledges the detention assignment by signing this notice. The student then returns the signed notice to the school administrator. Failure to report to the detention assignment will result in further disciplinary action as indicated in the Discipline Policy of the Erie School District.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

White copy Student

Yellow copy Parent/Guardian

Pink copy Office



A000000418  
 Department of Pupil Learner Services  
 Child Study Office

**Request For Home-School Visitor Service**

LAST NAME B		FIRST NAME C		ML	HOME PHONE 461-1851	SCH. YEAR b1-02	STUDENT NO. 899489
NUMBER		STREET NAME		STREET CODE		APT. NO.	ZIP CODE 16505
DATE OF BIRTH MO. DAY YR. 87		SEX MALE FEMALE M	W.	CODE B	Q.	RESIDENT YES NO X	NAME OF PARENT OR GUARDIAN CHARLES
SCHOOL PUPIL ATTENDED HARDING		00-01		SCHOOL NUMBER 361	GR.	PAR. CODE 1	
SCHOOL TO ATTEND SEPT. STRONG VINCENT		01		SCHOOL NUMBER 502	GR. 08	ROOM 226	AGE SEPT. 1ST 14
CURRICULUM CODE 815 LEARNING SUPPORT RESOURCE ROOM							
WITHDRAWAL DATA				RE-ENTRY DATA			
DATE		CODE		DATE		CODE	
SCHOOL		#		SCHOOL		#	
GRADE		ROOM		GRADE		ROOM	
NEW ADDRESS				REMARKS			
				APT.			
				PRINCIPAL SIGNATURE			

FORM 80-C02

**ROBI**  
 Parent needs to come in and meet with  
 Ms. Capp a.s.a.p. ~~Charles~~ has been referred to  
 my office for the past 2 days. He has been

Date received in Child Study

Assigned to:

**REPORT OF HOME-SCHOOL VISITOR:**

Insubordinate and defiant. He has an  
 office detention on 8/30 and a sat. det. 9/8.  
 Dad needs to call me at 874-6504 as soon  
 as possible to set up an appt. This is a  
 Very important matter.

D-1-T 8/1996

The School District of the City of Erie, Pennsylvania  
 148 West 21st Street • Erie, Pennsylvania 16502

## Teacher/Staff Referral Form

School: STRONG VINCENTStudent's Name: C. [REDACTED] B.Grade: 8 Class: COMPUTER LITDate: 8/30/01Teacher's Signature: R. LihlPeriod: 7 Homeroom: 226Room No: 103

## 1. Reason for referral:

## A. Attendance

1. Absenteeism ☐2. Chronically Late ☐3. Medical ☐B. Behavior Problem ☒C. Academic Problems ☐D. Other ☐

## 2. Explain the problem:

C. [REDACTED] 1ST INCIDENT TODAY THROWING  
A PENCIL AT A STUDENT IN THE HALLWAY - 2ND INCIDENT  
THROWING PAPER AT STUDENT IN CLASS.

## 3. Briefly summarize what you have done to correct this problem. IF DETENTION WAS ASSIGNED, GIVE THE DATES AND INDICATE WHETHER STUDENT APPEARED FOR DETENTION.

LAST CLASS INCIDENT - REVIEW REFERRAL - TODAY CONFRONT  
ED CHARLES WITH PROBLEM - HE ADMITTED WRONG - SAID HE WOULD  
STRAIGHTEN UP. CONTINUED THROWING OBJECTS!  
REFUSED TO PUT COMPUTER AREA BACK TOGETHER

4. Have you contacted the parents/guardians? ☐ Yes ☒ No (Keep written documentation)When? 8/30/01 1130AM Phone: 461-1851Letter: Wright

For Office Use Only		For Office Use Only		For Office Use Only	
Action Taken:	Date(s):	Action Taken:	Date(s):	Action Taken:	Date(s):
<input type="checkbox"/> Personal Detention		<input type="checkbox"/> Parent Contact/Conference		<input type="checkbox"/> Home/School Visitor	
<input type="checkbox"/> After-School Detention		<input type="checkbox"/> Counselor		<input type="checkbox"/> Children and Youth	
<input type="checkbox"/> Saturday Detention		<input type="checkbox"/> Nurse		<input type="checkbox"/> Attendance/Letter	
<input type="checkbox"/> Program for After-School Susp.		<input type="checkbox"/> After School Student		<input type="checkbox"/> 1st Notice	
<input type="checkbox"/> Out-of-School Suspension		<input type="checkbox"/> Support Program		<input type="checkbox"/> 2nd Notice	
<input type="checkbox"/> Warning Letter		<input type="checkbox"/> Peer Mediation		<input type="checkbox"/> Truancy Referral	
<input type="checkbox"/> Alternative Education		<input type="checkbox"/> Conflict Resolution		<input type="checkbox"/> Withdrawal	
<input type="checkbox"/> Expulsion		<input type="checkbox"/> Parenting Program		<input type="checkbox"/> Probation Officer	
<input type="checkbox"/> North Coast School		<input type="checkbox"/> SAP Team		<input type="checkbox"/> Police Notified	
<input type="checkbox"/> Hamilton Day School		<input type="checkbox"/> Hamilton G.E.D.		<input type="checkbox"/> ESD Night School	

Ainda Caporale  
 Signature of Person who received the Referral

8/31/01

ED#000001886





A000000420

 Mrs. Janet M. Woods  
 Acting Principal

 Ms. Linda Cappabianco  
 Acting Assistant Principal  
 Mr. Patrick L. Hart  
 Assistant Principal  
 Mrs. Mary L. Popadak  
 Assistant Principal

# Program For After School Suspension Notice

Date 9-7-01

 Parent/Guardian B. J. C.  
 Address [Redacted]  
 Erie PA 16505

 Student B. Charles  
 D.O.B. [Redacted] 87  
 Grade 8  
 I.D. # 899489  
 H.R. 226

Dear Parent / Guardian,

Your son/daughter has been assigned to the Program for After School Suspension as follows:

 Reason vulgar language/uncooperative in office  
 ATTENDANCE PASS

Dates 9/10, 11, 12, 13, 14

ASSN-TIME: 3:30 P.M. TO 6:30 P.M.

Computer Center Code 06

Your son/daughter has been given the opportunity to discuss the above incident with administrators prior to the suspension ruling. Students are to remain in the custody of their parent/guardian during the normal school hours when assigned and attending the Program for After School Suspension (PASS). Students are not permitted on or near school grounds during the term of this suspension. The student is excluded from participation in all school sponsored activities during placement in the Program for After School Suspension. The student's regular classroom teachers will provide reasonable assignments to be completed during PASS placement. Transportation to and from this assignment is the responsibility of the student's parent/guardian.

A parent/guardian conference is requested prior to the student returning to regular classes. The cooperation of the home is requested in the enforcement of this ruling. If you have further questions, please contact school administrators.

 Patrick L. Hart  
 Mr. Patrick Hart  
 Assistant Principal

 Ms. J. M. Woods  
 J. M. Woods  
 Principal

 Mary Popadak  
 Ms. Mary Popadak  
 Assistant Principal

 cc: Director  
 Home Room Teacher  
 School Office

 PASS Teacher  
 Counselor

E 000001887

The School District of the City of Erie, Pennsylvania  
148 West 2nd Street, Erie, Pennsylvania 16502

*[Handwritten signature]*

# Teacher/Staff Referral Form

School: Shady View

Student's Name: [Redacted]

Grade: 8 Class: Math

Date: Sept 7, 2001

Teacher's Signature: Miss DelFino-Schultz

Period: 5 Homeroom: \_\_\_\_\_

Room No: \_\_\_\_\_

## 1. Reason for referral:

### A. Attendance

- 1. Absenteeism ☐
- 2. Chronically Late ☐
- 3. Medical ☐

### B. Behavior Problem ☒

- C. Academic Problems ☐
- D. Other ☐

## 2. Explain the problem:

[Redacted] was defiant about everything we did. He did complete his work, but after his work was completed he (the class) was supposed to watch anime or find something to do - he said "I am not watching no Texas said the 'F' word: I gave him more than enough warnings to get on task - and redirected him - He was also late for class - but I let that go..

3. Briefly summarize what you have done to correct this problem. IF DETENTION WAS ASSIGNED, GIVE THE DATES AND INDICATE WHETHER STUDENT APPEARED FOR DETENTION. Longer ass movie. He also

## 4. Have you contacted the parents/guardians? ☐ Yes ☐ No (Keep written documentation)

When? \_\_\_\_\_ Phone: \_\_\_\_\_ Letter: \_\_\_\_\_

For Office Use Only		For Office Use Only		For Office Use Only	
Action Taken	Date(s)	Action Taken	Date(s)	Action Taken	Date(s)
<input type="checkbox"/> Personal Detention		<input type="checkbox"/> Parent Contact/Conference		<input type="checkbox"/> Home/School Visitor	
<input type="checkbox"/> After-School Detention		<input type="checkbox"/> Counselor		<input type="checkbox"/> Child and Youth	
<input type="checkbox"/> Saturday Detention		<input type="checkbox"/> Nurse		<input type="checkbox"/> Attendance/Tardy Letter	
<input type="checkbox"/> Program for After-School Susp.		<input type="checkbox"/> After-School Student		<input type="checkbox"/> 1st Notice	
<input type="checkbox"/> Out-of-School Suspension		<input type="checkbox"/> Support Program		<input type="checkbox"/> 2nd Notice	
<input type="checkbox"/> Warning Letter		<input type="checkbox"/> Peer Mediation		<input type="checkbox"/> Truancy Referral	
<input type="checkbox"/> Alternative Education		<input type="checkbox"/> Conflict Resolution		<input type="checkbox"/> Withdrawal	
<input type="checkbox"/> Expulsion		<input type="checkbox"/> Parenting Program		<input type="checkbox"/> Probation Officer	
<input type="checkbox"/> North Coast School		<input type="checkbox"/> SAP Team		<input type="checkbox"/> Police Notified	
<input type="checkbox"/> Hamilton Day School		<input type="checkbox"/> Hamilton G.E.P.		<input type="checkbox"/> ESD Night School	

[Handwritten signature]  
Signature of Person who received the Referral

9/14/01  
Date

The School District of the City of Erie, Pennsylvania  
148 West 21st Street • Erie, Pennsylvania 16502

## Teacher/Staff Referral Form

School: STRONG VINCENT

Student's Name: ~~CHARLES~~ B.

Grade: 8 Class: COMP LITT

Date: 9/7/01

Teacher's Signature: R. Lynch

Period: 7

Homeroom: 226

Room No: 123

1. Reason for referral:

A. Attendance

1. Absenteeism ☐

2. Chronically Late ☐

3. Medical ☐

B. Behavior Problem ☒

C. Academic Problems ☐

D. Other ☐

REQUEST REMOVAL FROM  
CLASS ROOM

2. Explain the problem:

CHARLES CONTINUES TO DISRUPT THE CLASS  
HE WAS GOOD FROM 12:00-1:00 AFTER 1:00 CHARLES  
CONTINUOUSLY DISRUPTED THE CLASS FOR 10 MINUTES  
CONSTANT INTERACTION WITH JEREMY KIMBROUGH

3. Briefly summarize what you have done to correct this problem. IF DETENTION WAS ASSIGNED, GIVE THE DATES AND INDICATE WHETHER STUDENT APPEARED FOR DETENTION.

TRIED TALKING TO CHARLES TO REASON AND REMEMBER THAT  
THIS BEHAVIOR IS UNACCEPTABLE - 2 PREVIOUS REFERRALS  
SCHEDULED PARENT CONFERENCE 9/6 - NO SHOW.  
HOMER SCHOOL VISIT.

4. Have you contacted the parents/guardians? ☐ Yes ☒ No (Keep written documentation)

When? \_\_\_\_\_

Phone: \_\_\_\_\_

Letter: \_\_\_\_\_

For Office Use Only:

Action Taken:

- ☐ Personal Detention  
☐ After-School Detention  
☐ Saturday Detention  
☐ Program for After-School Susp.  
☐ Out-of-School Suspension  
☐ Warning Letter  
☐ Alternative Education  
☐ Expulsion  
☐ North Coast School  
☐ Hamilton Day School

Date(s): \_\_\_\_\_

Action Taken:

- ☐ Parent Contact Conference  
☐ Counselor  
☐ Nurse  
☐ After School Student Support Program  
☐ Peer Mediation  
☐ Conflict Resolution  
☐ Parenting Program  
☐ SAP Team  
☐ Hamilton G.E.D.

Date(s): \_\_\_\_\_

Action Taken:

- ☐ Home/School Visitor  
☐ Children and Youth  
☐ Attendance/Tardy Letter  
☐ 1st Notice  
☐ 2nd Notice  
☐ Truancy Referral  
☐ Withdrawal  
☐ Probation Officer  
☐ Police Notified  
☐ ESD Night School

Date(s): \_\_\_\_\_

Signature of Person who received the Referral

White Copy: Student Files; Green Copy: Counselor; Pink Copy: Teacher/Staff Member Who Makes Referral

9/12/01  
DE 000001889

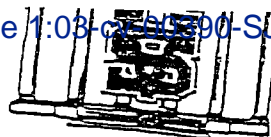
9/7/01

A000000423

RE: C [REDACTED] B

MS. ACKE CAME TO ME TO TELL ME THAT  
C [REDACTED] B (WHO IS NOT PART OF HER CLASS) WAS  
IN THE BOYS LOCKER ROOM. C [REDACTED] LEFT THE  
LOCKER ROOM AND... WAS HIDING BEHIND THE  
N.E. CORNER DOORS. WHEN I SIGNALLED HIM  
TO COME TO ME, HE STARTED UP THE  
STAIRS. AS I APPROACHED THE STAIRS, HE  
RAN OFF, UP THE STAIRS.

SCOTT A. BURBEE (SB)



Erie Pennsylvania 16502  
Phone: (814) 371-6200 • Fax: (814) 371-6201  
A000000424

Ms. Janet M. Woods  
Acting Principal

Ms. Linda Cappabianca  
Acting Assistant Principal  
Mr. Patrick L. Hart  
Assistant Principal  
Mrs. Mary L. Popadak  
Assistant Principal

## Saturday Detention Notice

Date 9-8-01

Parent/Guardian B. C. [REDACTED]  
Address [REDACTED]  
Erie PA 16505

Student B. C. [REDACTED]  
D.O.B. [REDACTED] 87  
Grade 8 H.R. 226  
I.D. # 899489

Dear Parent / Guardian,

Your son/daughter has been assigned Saturday Detention as follows:

Reason insubordination/classroom disruption

Dates 9/8/01 ASSN-TIME: 9:00 A.M. TO 12:00 P.M. Computer Center Code 10

Your son/daughter is to report to this assignment promptly and be prepared to complete appropriate academic work as assigned by the staff member in charge of Saturday Detention. Failure to serve this Saturday Detention, or further incidents of misbehavior and/or failure to comply with rules and guidelines of Saturday Detention will result in, at minimum, a three (3) day assignment to the Program for After School Suspension (PASS). Transportation to and from Saturday Detention is the responsibility of parent/guardian.

The cooperation of the home is requested in the enforcement of this ruling. Questions or concerns regarding this assignment should be referred to school administrators.

*Ms. J. M. Woods*

Principal

*Patrick L. Hart*  
Mr Patrick Hart  
Assistant Principal

cc: Director  
Home Room Teacher  
School Office

Counselor

*Mary Popadak*  
Ms. Mary Popadak  
Assistant Principal

E 000001891

The School District of the City of Erie, Pennsylvania  
148 West 21st Street Erie, Pennsylvania 16502

## Teacher/Staff Referral Form

School: STRONG VINCENT

Student's Name: C. [REDACTED] B.

Date: 9/11/01

Grade: 8 Class: COMP LIT

Period: 07

Homeroom: \_\_\_\_\_

Teacher's Signature: R. Luchini

Room No: 103

1. Reason for referral:

A. Attendance

1. Absenteeism ☐

2. Chronically Late ☐

3. Medical ☐

B. Behavior Problem ☐

C. Academic Problems ☐

D. Other ☒

CHECK THIS OUT

2. Explain the problem:

[REDACTED] ARRIVED FROM YOUR OFFICE IN RM 103 @  
1:02 PM - PASS HAD 12:35 CROSSED OUT TO 12:45

3. Briefly summarize what you have done to correct this problem. IF DETENTION WAS ASSIGNED, GIVE THE DATES AND INDICATE WHETHER STUDENT APPEARED FOR DETENTION.

4. Have you contacted the parents/guardians? ☐ Yes ☐ No (Keep written documentation)

When? \_\_\_\_\_

Phone: \_\_\_\_\_

Letter: \_\_\_\_\_

For Office Use Only:	
Action Taken:	Date(s):
<input type="checkbox"/> Personal Detention	_____
<input type="checkbox"/> After-School Detention	_____
<input type="checkbox"/> Saturday Detention	_____
<input type="checkbox"/> Program for After-School Susp.	_____
<input type="checkbox"/> Out-of-School Suspension	_____
<input type="checkbox"/> Warning Letter	_____
<input type="checkbox"/> Alternative Education	_____
<input type="checkbox"/> Expulsion	_____
<input type="checkbox"/> North Coast School	_____
<input type="checkbox"/> Hamilton Day School	_____
<input type="checkbox"/> Parent Contact/Conference	_____
<input type="checkbox"/> Counselor	_____
<input type="checkbox"/> Nurse	_____
<input type="checkbox"/> After School Student Support Program	_____
<input type="checkbox"/> Peer Mediation	_____
<input type="checkbox"/> Conflict Resolution	_____
<input type="checkbox"/> Parenting Program	_____
<input type="checkbox"/> SAP Team	_____
<input type="checkbox"/> Hamilton G.E.D.	_____
<input type="checkbox"/> Home/School Visitor	_____
<input type="checkbox"/> Children and Youth	_____
<input type="checkbox"/> Attendance/Tardy Letter	_____
<input type="checkbox"/> 1st Notice	_____
<input type="checkbox"/> 2nd Notice	_____
<input type="checkbox"/> Truancy Referral	_____
<input type="checkbox"/> Withdrawal	_____
<input type="checkbox"/> Probation Officer	_____
<input type="checkbox"/> Police Notified	_____
<input type="checkbox"/> ESD Night School	_____

Anda Cappabianca  
Signature of Person who received the Referral

9/12/01  
Date



A000000426

## BEHAVIORAL CONTRACT

I, Chun B, HEREBY DECLARE THAT I WILL FOLLOW ALL SCHOOL AND CLASSROOM RULES. I WILL LISTEN TO MY TEACHERS AND COMPLETE ALL MY ASSIGNMENTS TO THE BEST OF MY ABILITY. I WILL ARRIVE ON TIME AND BE PREPARED FOR ALL CLASSES. I WILL CARRY A BEHAVIOR SHEET TO ALL MY CLASSES AND RETURN IT TO MY TEACHER AT THE END OF EACH DAY. I UNDERSTAND MY RESPONSIBILITIES AS A STRONG VINCENT STUDENT AND DEPENDABLE YOUNG ADULT. I WILL BE HELD ACCOUNTABLE FOR MY ACTIONS IF I CHOOSE TO BREAK THIS CONTRACT; I HAVE DISCUSSED THE CONSEQUENCE FOR INAPPROPRIATE BEHAVIOR WITH THE PRINCIPAL, MY TEACHER, AND MY PARENT OR GUARDIAN. IF I AM SUCCESSFUL, I WILL CONTINUE MY EDUCATIONAL CAREER AT STRONG VINCENT AND WILL NOT BE PROCESSED FOR AN ALTERNATIVE PLACEMENT.

STUDENT SIGNATURE Chun B DATE 9/12/01

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TEACHER SIGNATURE Mrs. Mann DATE 9/12/01

ADMINISTRATOR SIGNATURE Jinda Capabianca DATE 9/12/01

I agree not to fight in school or outside of school or I will be charged with disorderly conduct. I will not be permitted to attend school assemblies or field trips. I will also have to sit alone in the main office for lunch until I am able to get along with all students.

A0000000427

**TEACHER/PERSONAL DETENTION NOTICE**

Date 9/13/01  
Student C. B. GR 8 HR 226  
Date of Detention Assignment 9-14-01  
Time of Detention 3:05 - 3:35  
Teacher R. Field G-50

Reason for Detention Assignment:

- |  |   |
|--|---|
| <input type="checkbox"/> Tardiness                       | <input type="checkbox"/> Failure To Do Homework |
| <input type="checkbox"/> Unprepared For Class            | <input type="checkbox"/> Disrespectful Behavior |
| <input checked="" type="checkbox"/> Classroom Disruption | <input type="checkbox"/> Other                  |

Comments: SEVERAL WARNINGS - CONTINUED  
DISRUPTIVE BEHAVIOR

The above student has been assigned **Teacher/Personal Detention**, which will be held after school hours for the amount of time indicated above. The policy is to provide 24 hour notice of the detention assignment. The parent/guardian acknowledges the detention assignment by signing this notice. The student then returns the signed notice to the teacher who has made the detention assignment. Failure to report to the detention assignment will result in further disciplinary action as indicated in the Discipline Policy of the Erie School District.

**REQUIRED**  
Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

White copy Student/Parent/Guardian

Yellow copy Teacher

Pink copy Office



A000000428

7/14/01

Miss Cyp  
~~Channa~~ needs to  
settle down - Problems  
with Jeremy.

Mrs Manus

224

1030

X = Good Behavior

O = No Points

A000000429

\_\_\_\_ Day

## Behavior Chart

Name: Ch[redacted] B.Period: 1

Code

On Time XComplete Work XAppropriate Language XStays in Seat XFollows Directions XNo cutting Class XDate: 9/14/01

Teacher Comments:

OKTodayPeriod 2OT XCW XAL XSS XFD X (made it)good overallRap song was great!Period 3OT ✓CW ✓AL ✓SS ✓FD ✓OKPeriod 4OT ✓CW ✓AL ✓SS ✓FD ✓OK Daily

Originating Teacher: \_\_\_\_\_

The School District of the City of Erie, Pennsylvania  
1511 Peach Street, Erie, Pennsylvania 16501

64.7

# Teacher/Staff Referral Form

School: Stone Vincent

Student's Name: CARL B

Grade: 7 Class: \_\_\_\_\_ Date: 9/4/01

Teacher's Signature: [Signature] Period: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Room No: \_\_\_\_\_

## 1. Reason for referral:

### A. Attendance

1. Absenteeism ☐

2. Chronically Late ☐

3. Medical ☐

### B. Behavior Problem ☒

C. Academic Problems ☐

D. Other ☐

## 2. Explain the problem:

Disrespectful threw a pen @ me & used foul language

## 3. Briefly summarize what you have done to correct this problem. IF DETENTION WAS ASSIGNED, GIVE THE DATES AND INDICATE WHETHER STUDENT APPEARED FOR DETENTION.

giving a night pass

## 4. Have you contacted the parents/guardians? ☒ Yes ☐ No (Keep written documentation)

When?

Phone: \_\_\_\_\_

Letter: \_\_\_\_\_

Action Taken	Date(s)	Action Taken	Date(s)
<input type="checkbox"/> Personal Detention		<input type="checkbox"/> Parent Contact/Conference	
<input type="checkbox"/> After-School Detention		<input type="checkbox"/> Counselor	
<input type="checkbox"/> Saturday Detention		<input type="checkbox"/> Home/School Visit	
<input type="checkbox"/> Program for After-School Susp.		<input type="checkbox"/> Child/Adolescent Center	
<input type="checkbox"/> Out-of-School Suspension		<input type="checkbox"/> Attendance Card	
<input type="checkbox"/> Warning Letter		<input type="checkbox"/> Police	
<input type="checkbox"/> Alternative Education		<input type="checkbox"/> Fine/Rest	
<input type="checkbox"/> Expulsion		<input type="checkbox"/> Probation Officer	
<input type="checkbox"/> North Coast School		<input type="checkbox"/> Police Notified	
<input type="checkbox"/> Hamilton Day School		<input type="checkbox"/> ESD Night School	

[Signature]  
Signature of Person who received the Referral

9/13/01  
Date

White Copy: Student File; Canary Copy: Counselor; Pink Copy: Teacher/Staff Member Who Makes Referral

E 000001897

X = Good Behavior

O = No Points

A000000431

B Day

## Behavior Chart

Name: CLBPeriod: 1B

Code

On Time ✓Complete Work ✓Appropriate Language ✓Stays in Seat n/aFollows Directions ✓No cutting Class ✓Date: 9/17/01  
Teacher Comments:\* DID A GOOD JOB TODAY.(SL)Period 6OT passCW XAL XSS XFD Xbothering others  
took another student's  
calculatorPeriod       OT       CW       AL       SS       FD       Period 8OT yesCW yesAL yesSS yesFD yesOriginating Teacher:       He was OK todayDonchPlease return to Ms. Capp at 12:55Andrea  
A000000431

A000000432

**TEACHER/PERSONAL DETENTION NOTICE**

Date 9-17-01

Student C. [REDACTED] B.

GR 8 HR 226

Date of Detention Assignment 9-19

Time of Detention 2:05 - 3:35 PM G-50

Teacher R. [REDACTED]

Reason for Detention Assignment:



Tardiness



Failure To Do Homework



Unprepared For Class



Disrespectful Behavior



Classroom Disruption



Other

Comments:

LARRY TO CLASS 5 MIN.

The above student has been assigned Teacher/Personal Detention, which will be held after school hours for the amount of time indicated above. The policy is to provide 24 hour notice of the detention assignment. The parent/guardian acknowledges the detention assignment by signing this notice. The student then returns the signed notice to the teacher who has made the detention assignment. Failure to report to the detention assignment will result in further disciplinary action as indicated in the Discipline Policy of the Erie School District.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

White copy Student/Parent Guardian

Yellow copy Teacher

Pink copy Office

# TEACHER/PERSONAL DETENTION NOTICE

Date 9-17-01Student ~~CHINA~~ BGR 8 HR 226Date of Detention Assignment 9-19Time of Detention 3:05 - 3:35

PM 6 50

Teacher R. [unclear]

Reason for Detention Assignment:

☒ Tardiness☐ Unprepared For Class☐ Classroom Disruption☐ Failure To Do Homework☐ Disrespectful Behavior☐ OtherComments: TARDY TO CLASS 5 MIN.NO SHOW 3X

The above student has been assigned Teacher/Personal Detention, which will be held after school hours for the amount of time indicated above. The policy is to provide 24 hour notice of the detention assignment. The parent/guardian acknowledges the detention assignment by signing this notice. The student then returns the signed notice to the teacher who has made the detention assignment. Failure to report to the detention assignment will result in further disciplinary action as indicated in the Discipline Policy of the Erie School District.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

White copy Student/Parent GuardianYellow copy TeacherPink copy Office



The School District of the City of Erie, Pennsylvania  
1511 Peach Street, Erie, Pennsylvania 16501

# Teacher/Staff Referral Form

School: Strong Vincent  
Student's Name: [Redacted] Date: 9/18/01  
Grade: 08 Class: Homeroom Period: 4th Homeroom: 226  
Teacher's Signature: [Signature] Room No: 226

## 1. Reason for referral:

- A. Attendance ☐ B. Behavior Problem ☒  
1. Absenteeism ☐ C. Academic Problems ☐  
2. Chronically Late ☐ D. Other ☐  
3. Medical ☐

2. Explain the problem: [Redacted] was in subordinate to staff. [Redacted] was in the hallway unattended by staff. I directed [Redacted] 5 times to go to homeroom but [Redacted] ignored me and walked away from me. Charles kept walking away from me  
3. Briefly summarize what you have done to correct this problem. IF DETENTION WAS ASSIGNED, GIVE THE DATES AND INDICATE WHETHER STUDENT APPEARED FOR DETENTION.  
and away from the middle school classrooms. Charles did not have permission to be out of homeroom

4. Have you contacted the parents/guardians? ☐ Yes ☐ No (Keep written documentation)

When? \_\_\_\_\_ Phone: \_\_\_\_\_ Letter: \_\_\_\_\_

For Office Use Only		For Office Use Only	
Action Taken	Date(s)	Action Taken	Date(s)
<input type="checkbox"/> Personal Detention		<input type="checkbox"/> Parent Contact/Conference	
<input type="checkbox"/> After-School Detention		<input type="checkbox"/> Counselor	
<input type="checkbox"/> Saturday Detention		<input type="checkbox"/> Nurse	
<input type="checkbox"/> Program for After-School Susp.		<input type="checkbox"/> After-School Student Support Program	
<input type="checkbox"/> Out-of-School Suspension		<input type="checkbox"/> Peer Mediation	
<input type="checkbox"/> Warning Letter		<input type="checkbox"/> Conflict Resolution	
<input type="checkbox"/> Alternative Education		<input type="checkbox"/> Exclusion Program	
<input type="checkbox"/> Expulsion		<input type="checkbox"/> SAP Team	
<input type="checkbox"/> North Coast School		<input type="checkbox"/> Hamilton C.E.D.	
<input type="checkbox"/> Hamilton Day School		<input type="checkbox"/> Home School Visitation	
		<input type="checkbox"/> Children and Youth	
		<input type="checkbox"/> Attendance Tardy Letter	
		<input type="checkbox"/> Last Notice	
		<input type="checkbox"/> Final Notice	
		<input type="checkbox"/> Tenancy Referral	
		<input type="checkbox"/> Withdrawal	
		<input type="checkbox"/> Probation Officer	
		<input type="checkbox"/> Police Notified	
		<input type="checkbox"/> ESD Night School	

Signature of Person who received the Referral: [Signature] Date: 9/27/01  
White Copy: Student File; Canary Copy: Counselor; Pink Copy: Teacher/Staff Member Who Makes Referral

E 000001901

The School District of the City of Erie, Pennsylvania  
148 West 2nd Street, Erie, Pennsylvania 16502

# Teacher/Staff Referral Form

School: STRONG VINCENT

Student's Name: [REDACTED] B.

Date: 9/19/01

Grade: 08 Class: COMPUTER LIT

Period: 7

Homeroom: 224

Teacher's Signature: R LIPCHIK

Room No: 103

## 1. Reason for referral:

### A. Attendance

- 1. Absenteeism ☐
- 2. Chronically Late ☐
- 3. Medical ☐

### B. Behavior Problem ☒

- C. Academic Problems ☐
- D. Other ☐

*Handing out*

## 2. Explain the problem:

[REDACTED] WAS ESCORTED TO CLASS BY MS SEALEY @ 11:00 FOR Pd 7 WHICH STARTS AT 12:06 - [REDACTED] MANAGED TO DISRUPT THE CLASS WITH HIS TALKING AND CARRYING ON. THIS IS CHRONIC DISRUPTIVE BEHAVIOR.

## 3. Briefly summarize what you have done to correct this problem. IF DETENTION WAS ASSIGNED, GIVE THE DATES AND INDICATE WHETHER STUDENT APPEARED FOR DETENTION.

DETENTIONS - REFERRALS - REQUEST FOR PARENT CONF.  
2 - NO SHOWS - HOME VISIT BY MR. WRIGHT

## 4. Have you contacted the parents/guardians? ☐ Yes ☒ No (Keep written documentation)

When? \_\_\_\_\_ Phone: \_\_\_\_\_ Letter: \_\_\_\_\_

NO ANSWER

For Office Use Only		For Office Use Only		For Office Use Only	
Action Taken	Date(s)	Action Taken	Date(s)	Action Taken	Date(s)
<input type="checkbox"/> Personal Detention		<input type="checkbox"/> Parent Contact Conference		<input type="checkbox"/> Home School Visitor	
<input type="checkbox"/> After-School Detention		<input type="checkbox"/> Counselor		<input type="checkbox"/> Conf. and Ref.	
<input type="checkbox"/> Saturday Detention		<input type="checkbox"/> Nurse		<input type="checkbox"/> Attendance Card Letter	
<input type="checkbox"/> Program for After-School Susp.		<input type="checkbox"/> After School Student Support Program		<input type="checkbox"/> 1st Notice	
<input type="checkbox"/> Out-of-School Suspension		<input type="checkbox"/> Peer Mediation		<input type="checkbox"/> 2nd Notice	
<input type="checkbox"/> Warning Letter		<input type="checkbox"/> Conflict Resolution		<input type="checkbox"/> Truancy Referral	
<input type="checkbox"/> Alternative Education		<input type="checkbox"/> Parenting Program		<input type="checkbox"/> Withdrawal	
<input type="checkbox"/> Expulsion		<input type="checkbox"/> SAP Team		<input type="checkbox"/> Probation Officer	
<input type="checkbox"/> North Coast School		<input type="checkbox"/> Hamilton G.E.D.		<input type="checkbox"/> Police Notified	
<input type="checkbox"/> Hamilton Day School				<input type="checkbox"/> ESD Night School	

Signature of Person who received the Referral

White Copy: Student File; Canary Copy: Counselor; Pink Copy: Teacher/Staff Member Who Makes Referral

Date

000001902



D-I-T 8/1996

The School District of the City of Erie, Pennsylvania  
 148 West 21st Street Erie, Pennsylvania 16502

## Teacher/Staff Referral Form

School: Spring Valley  
 Student's Name: Charles B Date: 9/20/01  
 Grade: 08 Class: Auditorium Period: 1 Homeroom: 226  
 Teacher's Signature: Mr. Kitchin Room No: 226

## 1. Reason for referral:

A. Attendance

B. Behavior Problem ☒1. Absenteeism ☐2. Chronically Late ☐C. Academic Problems ☐3. Medical ☐D. Other ☐

## 2. Explain the problem:

Charles was being very disruptive at the assembly. Charles was constantly talking and causing a disruption. Charles also was touching others and throwing candy across the Auditorium. I moved his seat by me and directed him to be quiet. Charles

## 3. Briefly summarize what you have done to correct this problem. IF DETENTION WAS ASSIGNED, GIVE THE DATES AND INDICATE WHETHER STUDENT APPEARED FOR DETENTION.

I ignored Teacher directive, and continued to yell, stand-up, and bother others in the Assembly. It is my recommendation that Charles be placed on the "No go" list for future assemblies for his very poor behavior.

4. Have you contacted the parents/guardians? ☐ Yes ☐ No (Keep written documentation)

When? \_\_\_\_\_

Phone: \_\_\_\_\_

Letter \_\_\_\_\_

For Office Use Only		For Office Use Only	
Action Taken	Date(s)	Action Taken	Date(s)
<input type="checkbox"/> Personal Detention		<input type="checkbox"/> Parent Contact/Conference	
<input type="checkbox"/> After-School Detention		<input type="checkbox"/> Counselor	
<input type="checkbox"/> Saturday Detention		<input type="checkbox"/> Nurse	
<input type="checkbox"/> Program for After-School Susp.		<input type="checkbox"/> After-School Student	
<input type="checkbox"/> Out-of-School Suspension		<input type="checkbox"/> Support Program	
<input type="checkbox"/> Warning Letter		<input type="checkbox"/> Peer Mediation	
<input type="checkbox"/> Alternative Education		<input type="checkbox"/> Conflict Resolution	
<input type="checkbox"/> Expulsion		<input type="checkbox"/> Parenting Program	
<input type="checkbox"/> North Coast School		<input type="checkbox"/> SAP Team	
<input type="checkbox"/> Hamilton Day School		<input type="checkbox"/> Hamilton G.E.D.	
		<input type="checkbox"/> Home School Visitor	
		<input type="checkbox"/> Children and Youth	
		<input type="checkbox"/> Attendance/Tardy Letter	
		<input type="checkbox"/> 1st Notice	
		<input type="checkbox"/> 2nd Notice	
		<input type="checkbox"/> Transfer Referral	
		<input type="checkbox"/> Withdrawal	
		<input type="checkbox"/> Probation Officer	
		<input type="checkbox"/> Police Notified	
		<input type="checkbox"/> ESD Night School	

Signature of Person who received the Referral

White Copy: Student File; Canary Copy: Counselor; Pink Copy: Teacher/Staff Member Who Makes Referral

Date 9/20/01 E 000001905

Discipline Incident Report

Date Printed: 9/20/2001

A00000407  
1330 West 8Th Street  
Erie, Pa 16502

Date: 9/20/2001

Student: C. [REDACTED]

Student No.

Teacher: WRIGHT, Mr.

Location: Teacher's Classroom

Offense: Disruption of Education

Comments: TWO NIGHTS OF PASS ADDED AND SATURDAY DETENTION ON  
9/22.

Disposition: Saturday Detention

Days of  
Detention  
Assigned 1

Parents Signature \_\_\_\_\_

This form must be signed by the student's parent or  
guardian and returned to the office

E 000001906

A000000438

ATT. PASS

9/25

MSCAD - F.Y. 1

C. [REDACTED] B

OUT OF ROOM 5:45 - 6:30  
IN HALLWAY.FOR THROWING PAPER  
IN PASSMTI

The School District of the City of Erie, Pennsylvania

A000000439

**ADMINISTRATIVE/FORMAL DETENTION**

Student [REDACTED] Date 11-2-01  
 Date of Detention Assignment 10-3-01 GR 8 HR 226  
 Time of Detention 10:30-11:30 3:15 3:45  
 Administrator Mr. Cappabianca

Reason for Detention Assignment:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Tardiness to School | <input type="checkbox"/> Leaving Assigned Area      |
| <input type="checkbox"/> Failure to Report to Detention | <input type="checkbox"/> Electronic Devices         |
| <input type="checkbox"/> Dress Code Violation           | <input type="checkbox"/> Harassment                 |
| <input type="checkbox"/> Profanity                      | <input type="checkbox"/> School Safety Violation    |
| <input type="checkbox"/> Insubordination                | <input type="checkbox"/> Walking To and From School |
| <input type="checkbox"/> Loitering                      | <input type="checkbox"/> Gambling                   |
| <input type="checkbox"/> Other                          |   |

Comments:

tardy to class; on the wing  
classroom sitting around.

The above student has been assigned Administrative/Formal Detention, which will be held after school hours for the time indicated above. The policy is to provide 24 hour notice of the detention assignment. The parent/guardian acknowledges the detention assignment by signing this notice. The student then returns the signed notice to the school administrator. Failure to report to the detention assignment will result in further disciplinary action as indicated in the Discipline Policy of the Erie School District.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

White copy StudentYellow copy Parent/GuardianPink copy Office

D-1-T 8/1996

A000000440  
The School District of the City of Erie, Pennsylvania  
148 West 21st Street • Erie, Pennsylvania 16502

## Teacher/Staff Referral Form

School: STRONG VINCENTStudent's Name: C. [REDACTED] B.Grade: 8 Class: CAMP LITDate: 10/3/01Teacher's Signature: R. [REDACTED]Period: 7Homeroom: 226Room No: 103

## 1. Reason for referral:

## A. Attendance

1. Absenteeism ☐2. Chronically Late ☒3. Medical ☐B. Behavior Problem ☐C. Academic Problems ☐D. Other ☐

## 2. Explain the problem:

C. [REDACTED] WAS ESCORTED TO CLASS BY  
MR. WRIGHT @ 12:25 PM - C. [REDACTED] WAS PLAYING  
IN THE HALLS PER MR. WRIGHT

## 3. Briefly summarize what you have done to correct this problem. IF DETENTION WAS ASSIGNED, GIVE THE DATES AND INDICATE WHETHER STUDENT APPEARED FOR DETENTION.

DETENTIONS - NO SHOW - REFERRALS - 5  
REQUEST PARENT CALL. 2 NO SHOWS BY PARENT  
REQUEST PARENT @ OPEN HOUSE - NO SHOW -  
NEVER AN ANSWER ON PHONE -

4. Have you contacted the parents/guardians? ☐ Yes ☒ No (Keep written documentation)

When? \_\_\_\_\_

Phone: \_\_\_\_\_

Letter: \_\_\_\_\_

For Office Use Only:		For Office Use Only:		For Office Use Only:	
Action Taken:	Date(s):	Action Taken:	Date(s):	Action Taken:	Date(s):
<input type="checkbox"/> Personal Detention		<input type="checkbox"/> Parent Contact/Conference		<input type="checkbox"/> Home/School Visitor	
<input type="checkbox"/> After-School Detention		<input type="checkbox"/> Counselor		<input type="checkbox"/> Children and Youth	
<input type="checkbox"/> Saturday Detention		<input type="checkbox"/> Nurse		<input type="checkbox"/> Attendance/Tardy Letter	
<input type="checkbox"/> Program for After-School Susp.		<input type="checkbox"/> After School Student Support Program		<input type="checkbox"/> 1st Notice	
<input type="checkbox"/> Out-of-School Suspension		<input type="checkbox"/> Peer Mediation		<input type="checkbox"/> 2nd Notice	
<input type="checkbox"/> Warning Letter		<input type="checkbox"/> Conflict Resolution		<input type="checkbox"/> Truancy Referral	
<input type="checkbox"/> Alternative Education		<input type="checkbox"/> Parenting Program		<input type="checkbox"/> Withdrawal	
<input type="checkbox"/> Expulsion		<input type="checkbox"/> SAP Team		<input type="checkbox"/> Probation Officer	
<input type="checkbox"/> North Coast School		<input type="checkbox"/> Hamilton G.E.D.		<input type="checkbox"/> Police Notified	
<input type="checkbox"/> Hamilton Day School				<input type="checkbox"/> ESD Night School	

J. [REDACTED]  
Signature of Person who received the Referral

White Copy: Student File:    Canary Copy: Counselor:    Pink Copy: Teacher/Staff Member Who Makes Referral

10/4/01  
Date: 080001909

A000000441





1330 West Eighth Street  
Erie Pennsylvania 16502  
Phone: (814) 874-6500 Fax: (814) 874-6500

Ms. Janet M. Woods  
Acting Principal

Ms. Linda Cappabianca  
Acting Assistant Principal  
Mr. Patrick L. Hart  
Assistant Principal  
Mrs. Mary L. Popadak  
Assistant Principal

Date 10-4-01

## Program For After School Suspension Notice

Parent/Guardian <u>B. C.</u>	Student <u>B. C.</u>
Address <u>Erie, PA 16505</u>	D.O.B. <u>87</u>
	Grade <u>8</u> H.R. <u>226</u>
	I.D. # <u>899489</u>

Dear Parent / Guardian,

Your son/daughter has been assigned to the Program for After School Suspension as follows:

Reason Insubordination - Walking out of class without permission  
ATTENDANCE PASS

Dates 10/5, 8, & 9 ASSN-TIME: 3:30 P.M. TO 6:30 P.M. Computer Center Cod 10

Your son/daughter has been given the opportunity to discuss the above incident with administrators prior to the suspension ruling. Students are to remain in the custody of their parent/guardian during the normal school hours when assigned and attending the Program for After School Suspension (PASS). Students are not permitted on or near school grounds during the term of this suspension. The student is excluded from participation in all school - sponsored activities during placement in the Program for After School Suspension. The student's regular classroom teachers will provide reasonable assignments to be completed during PASS placement. Transportation to and from this assignment is the responsibility of the student's parent/guardian.

A parent/guardian conference is requested prior to the student returning to regular classes. The cooperation of the home is requested in the enforcement of this ruling. If you have further questions, please contact school administrators.

*Patrick L. Hart*  
Mr Patrick Hart  
Assistant Principal

*Ms. J.M. Woods*  
Ms. J.M. Woods  
Principal

*Mary Popadak*  
Ms. Mary Popadak  
Assistant Principal

cc: Director  
Home Room Teacher  
School Office

PASS Teacher  
Counselor

E 000001910

The School District of the City of Erie, Pennsylvania  
1511 Peach Street • Erie, Pennsylvania 16501

## Teacher/Staff Referral Form

School: S.V.  
Student's Name: [REDACTED] B.  
Grade: 8 Class: English Date: 10/4/01  
Teacher's Signature: [Signature] Period: 2 Homeroom: \_\_\_\_\_  
Room No: 224

1. Reason for referral:

- A. Attendance ☐  
1. Absenteeism ☐  
2. Chronically Late ☐  
3. Medical ☐  
B. Behavior Problem ☐  
C. Academic Problems ☐  
D. Other ☒

2. Explain the problem: [REDACTED] refuses to follow class rules  
insubordinate - walking out of class  
without permission

3. Briefly summarize what you have done to correct this problem. IF DETENTION WAS ASSIGNED, GIVE THE DATES AND INDICATE WHETHER STUDENT APPEARED FOR DETENTION.

4. Have you contacted the parents/guardians? ☒ Yes ☐ No (Keep written documentation)

When? Last Thursday Phone: \_\_\_\_\_ Letter: \_\_\_\_\_

For Office Use Only		For Office Use Only		For Office Use Only	
Action Taken	Date(s)	Action Taken	Date(s)	Action Taken	Date(s)
<input checked="" type="checkbox"/> Personal Detention		<input type="checkbox"/> Parent Contact/Conference		<input type="checkbox"/> Home/School Visitor	
<input type="checkbox"/> After-School Detention		<input type="checkbox"/> Counselor		<input type="checkbox"/> Children and Youth	
<input type="checkbox"/> Saturday Detention		<input type="checkbox"/> Nurse		<input type="checkbox"/> Attendance/Tardy Letter	
<input type="checkbox"/> Program for After-School Susp.		<input type="checkbox"/> After-School Student Support Program		<input type="checkbox"/> 1st Notice	
<input type="checkbox"/> Out-of-School Suspension		<input type="checkbox"/> Peer Mediation		<input type="checkbox"/> 2nd Notice	
<input type="checkbox"/> Warning Letter		<input type="checkbox"/> Conflict Resolution		<input type="checkbox"/> Truancy Referral	
<input type="checkbox"/> Alternative Education		<input type="checkbox"/> Parenting Program		<input type="checkbox"/> Withdrawal	
<input type="checkbox"/> Expulsion		<input type="checkbox"/> SAP Team		<input type="checkbox"/> Probation Officer	
<input type="checkbox"/> North Coast School		<input type="checkbox"/> Hamilton G.E.D.		<input type="checkbox"/> Police Notified	
<input type="checkbox"/> Hamilton Day School				<input type="checkbox"/> ESD Night School	

[Signature]  
Signature of Person who received the Referral

10/4/01  
Date

White Copy: Student File; Canary Copy: Counselor; Pink Copy: Teacher/Staff Member Who Makes Referral

E 000001911

A000000444

X = Good Behavior

() = No Points

A Day

## Behavior Chart

Name: C. [redacted] B.Period: 1

Code

On Time

Complete Work

Appropriate Language

Stays in Seat

Follows Directions

No cutting Class

Date: 10-04-01

Teacher Comments:

Came in late due to CAT 5 testingEvans/GreeneGoodNeed to follow class rulesOK day but circles can do betterPeriod 2

OT

CW

AL

SS

FD

Period 3

OT

CW

AL

SS

FD

Period 4

OT

CW

AL

SS

FD

Originating Teacher: \_\_\_\_\_

X = Good Behavior

O = No Points

A000000445

A Day

## Behavior Chart

Name: C. [redacted] BPeriod: 1Date: 10/2/01

Teacher Comments:

Code

On Time XComplete Work XAppropriate Language XStays in Seat XFollows Directions XNo cutting Class Xdid welltodayGAPeriod 2OT XCW XAL XSS XFD XCompleted all work  
Great!manusPeriod 3OT OCW OAL OSS OFD OI need to see C. [redacted]  
Mother. Charles needs  
to visit his father  
for a while class willPeriod 4OT in officeCW XAL XSS XFD Xhad a good classtoday

Originating Teacher: \_\_\_\_\_